

SERVICE CONTRACT PROVIDER APPLICATION

STATE OF NEVADA
DEPARTMENT OF BUSINESS & INDUSTRY
DIVISION OF INSURANCE

788 Fairview, Suite 300
Carson City, NV 89701-5491

PHONE # (775) 687-4270

Scott J. Kipper
Commissioner of Insurance



FAX # (775) 687-3937

Jim Gibbons
Governor

Provider Name: _____

Fed. Employer ID: _____

Street Address: _____

Mailing Address: _____
(if different) _____

Contact: _____ Phone: () _____ Fax: () _____

Email: _____

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

1. Give date of incorporation of applicant. _____
Under the laws of what state was applicant incorporated? _____
2. Attach a list of executive officers **and** ALL officers responsible for service contract business and include the following information:
 1. Name
 2. Title
 3. Date of Birth
 4. Social Security Number
 5. Address of Residence
3. Attach a copy of the applicant's charter or certificate of incorporation.

4. Have you designated an administrator to be responsible for administration of Nevada service contracts? Yes ____ No ____

List names and addresses of the administrators designated.
Attach additional sheets if necessary.

5. Within the past 10 years, has applicant or any of the officers listed in question 2 ever:
- (a) Been convicted of a felony or any misdemeanor of which an essential element is fraud. Yes ____ No ____
- (b) Been insolvent or adjudged a bankrupt? Yes ____ No ____
- (c) Been refused a license or registration (including a license or registration as a service contract provider) or had an existing one suspended or revoked by any state or governmental agency or authority? Yes ____ No ____
- (d) Been fined by any state or governmental agency or authority in any matter regarding service contracts? Yes ____ No ____
6. Other than traffic infractions, is there now pending against any of the applicant's officers or directors any criminal actions? Yes ____ No ____

If any part of Question 5 or 6 is answered "Yes", attach an explanation.

7. Which ONE of the following proofs of financial responsibility is the applicant using to comply with requirements of Nevada Revised Statute (NRS) 690C.170? Provide appropriate documentation for the option selected.

____ 1. Contractual Liability Insurance Policy issued by an insurer authorized to transact insurance in this state or pursuant to Chapter 690C of NRS. Provide a copy of the policy.

**** Pursuant to NRS 690C.120 and NRS 679B.225, documentation from the insurer verifying that the Contractual Liability Insurance Policy remains in effect must be submitted annually with appropriate renewal applications.**

____ 2. Maintain a reserve account in an amount equal to at least 40 percent of the gross consideration received by the provider for any unexpired service contracts less any claims paid on those unexpired service contracts. Provide an affidavit signed by a corporate officer and attesting to the accuracy of the reserve account.

AND

Deposit with the commissioner security in an amount equal to \$25,000 or 5 percent of the gross consideration received by the provider for any unexpired service contracts, less any claims paid on the unexpired service contracts, whichever is greater.

Security must be one or more of the following. Check all that apply:

- ____ (a) Surety bond issued by surety company authorized to do business in Nevada
- ____ (b) Securities of the type eligible for deposit pursuant to NRS 682B.030
- ____ (c) Cash
- ____ (d) An irrevocable letter of credit issued by a qualified U.S. financial institution.

****Pursuant to NRS 690C.120 and NRS 679B.225, documentation from the insurer verifying that the surety bond continues in force must be submitted annually with appropriate renewal applications.**

- ____ 3. Maintain, or be a subsidiary of a parent company that maintains, a net worth or stockholders' equity of at least \$100,000,000. Provide a copy of the most recent Form 10-K report or Form 20-F report that has been filed with the Securities and Exchange Commission. If such reports are not required to be filed with the SEC, provide a copy of the most recently audited financial statement.

The applicant certifies that the service contracts issued in this state meet the requirements set forth in Chapters 690C of the Nevada Revised Statutes and the Nevada Administrative Code, and, under penalty of perjury, (I) or (we) affirm that the statements made in the foregoing application are true and hereby subscribe thereto.

Dated _____ 20____

Telephone No: _____

**THIS APPLICATION MUST
BE VERIFIED AND SIGNED
BY ONE OF THE OFFICERS
NAMED IN QUESTION 2 OF THIS
APPLICATION**

By

Name of Corporation

Signature of Officer in full

Print Name and Title